

NEVADA GAMING COMMISSION

**Annual State License Fee Report Based On The
Number of Games To Be Operated (NRS 463.380)**

Account No., Name, Address, Zip Code

For Office Use Only

Please correct if in error

Check
Number _____

Batch
Number _____

Entry
Date _____

INSTRUCTIONS

This report must be filed and fees paid **PRIOR** to placing games into operation. If games are to be added **AFTER** the beginning of the calendar year, you must file a supplemental NGC-2. State law requires that a penalty be charged for late payments.

The total number of games to be operated must be included on this report.

(DO NOT INCLUDE POKER OR PAN TABLES AS THEY ARE EXEMPT FROM THIS FEE)

This report must also be filed and fees paid prior to the addition of games during the calendar year.

If you have any questions, please contact the State Gaming Control Board, Tax and License Division.

LICENSE FEE SCHEDULE

One game	\$ 100	8 thru 10 games	\$ 6,000 total
Two games	200	11 thru 13 games	650 each
Three games	400	14 thru 16 games	1,000 each
Four games	750	17 plus games	16,000 total + \$200
Five games	1,750	for each game in excess of 16	
Six or Seven games	3,000		

Line 1. Number of games being licensed: (Do not include poker or pan)
 A. For additions during calendar year, enter date of addition: ____/____/____

Line 2. License fee due: (Use schedule above) NRS 463.380 \$ _____

Line 3. Penalty for late payment NRS 463.270(5):
 A. Less than 10 days late: 25% of the amount due, but not less than \$50.00 and not more than \$1,000.00. _____
 B. Ten or more days late: 25% of the amount due, but not less than \$50.00 and not more than \$5,000.00. _____

Line 4. Total amount due: (Total of lines 2 and 3A or 3B) \$ _____

**Please make remittance payable to the Nevada Gaming Commission and return to
State Gaming Control Board, Tax and License Division, P.O. Box 8004, Carson City, NV 89702-8004**

I, _____, certify and declare under the penalties of perjury that I am the
 _____ of the business named above; that this is a true, correct and complete report
 (Owner, Partner, President, Treasurer, Other - describe)
 to the best of my knowledge, information, and belief; and that this application and report is made with the knowledge and
 consent of all other individuals licensed.

Dated _____ Signed _____

Person to contact regarding this report: Name: _____ Phone: _____

RETURN ORIGINAL AND MAKE DUPLICATE FOR YOUR RECORDS